

**WASHINGTON STATE DEPARTMENT OF HEALTH
FAMILY PLANNING AND REPRODUCTIVE HEALTH
ON-SITE MONITOR TOOL FOR TITLE X AGENCIES**

Date of Review: _____

Reviewers:

Administration: _____

Financial Management: _____

Clinical Management: _____

Agency Profile:

Number of Clients Served Previous Year: _____

Projected Clients Served Current Year: _____

Actual Clients Served Year-to-Date: _____

Financial Information:

Current Year Title X Allocation: _____

Match/Other Program Income: _____

Total Title X Budget: _____

Agency Name: _____

Agency Address _____

Contact Person: _____

Telephone Number: _____

Email Address: _____

Fax Number: _____

KEY:

M=Mandated by Title X Program Guidelines

S=Should according to Title X Program Guidelines

FPRH=Family Planning and Reproductive Health Policy

Follow-Up=Assuring the assignments that result from the review are completed

Corrective Action=Required assignments for compliance with Title X